Permit Approval Date:	Initials	
Permit Expiration Date:	- Initials	Permit No.

APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY OR MAINTAIN AN INJECTION WELL



IDAHO DEPARTMENT OF WATER RESOURCES

322 East Front St., PO Box 83720, Boise, ID 83720-0098 Under the Provisions of Title 42, Chapter 39 of the Idaho Code

Note To Applicant: Fill in ALL Information Requested. Incomplete Applications will be Returned. I. GENERAL INFORMATION

A.	Application Type: (check appropriate ☐ New Injection Well Operating ☐ Permit to Modify an Existing ☐ Renew Operating Permit of an	g Permit (A D Injection We	ell (see Section H.)		or to construction)
В.	Name and Address of Legal Conta Legal Owner Operator or Recontact Name Business Name Mailing Address City Phone No. 1 *Contractor Note: Give Future Owner *Contractor Note: G	State Phone No	Zip	Code	
	Well Location: (Give location address Facility Name Address City County Well Location Legal Description:	State Facility P	hone No	Code	-
	(*For New Injection Well Permits, Young Township Range (NW 1/4) Indicate Location of Well on Map by placing an "X" through Appropriate 1/4, 1/4 Section (SW 1/4) Sec		(1/4, 1/4, 1/4) NW NE NE NE SW SE NE NE NW NE SE SE SW SE	Refer to Y Property T Statements Correct Le Description	(1/4 Section) our Cax for egal on
Ε.	Is the Well/Facility Located on Ind	lian Lands?	□ Yes □	No	
F.	Injection Well Classification:	(oh	tain proper code fro	m list on inst	truction sheet)

II. TECHNICAL DATA

	ng Permit No		Well Tag	No
☐ Expected Co	onstruction			
Drill Bore:	Diameter(in)	Depth	(ft)	
Surface Casing:	Diameter(in)	Depth		
D (Height above Ground S			Casing Type
Perforation: Surface Seal:	From(ft)			
Surface Scar.	Deptii(it)	Scar Type		
Secondary Casin	g (if applicable):			
	(in) Initial Depth		Terminal D	epth (ft)
Casing Type	Seal Type		Packer Dep	oth (ft)
	te (indicate Actual, Approx Address:			
Describe Intende		•	•	only):
	water(ft) rest Domestic Well			Date Weasured
Distance to Near Description of Wo Frequency of Inj Maximum Avera Maximum Inject	est Domestic Wellell Operation: ection:	(ft) l	Oirection onal □ cfs □ g	☐ Intermittent
Distance to Near Description of Wo Frequency of Inj Maximum Avera Maximum Inject	est Domestic Wellell Operation: ection:	(ft) l	Oirection onal □ cfs □ g	☐ Intermittent
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject If this is a Class. Do you have	est Domestic Wellell Operation: ection:	(ft) 1 s □ Seas eat pump?	Oirection onal □ cfs □ g □ cfs □ g	☐ Intermittent
Distance to Near Description of We Frequency of Inj Maximum Avera Maximum Inject If this is a Class Do you have Have you a	ell Operation: ection: Continuous age Weekly Rate ion Capacity 5A7 (heat pump): we a water right for the heapplied for a water right f	eat pump? For the heat pump man	Oirection Onal	☐ Intermittent pm pm Yes ☐ No Yes ☐ No Yes ☐ No Yes ☐ No Tes ☐ No
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject. If this is a Class Do you have you a * Attach do day your he Is the injection v. If yes, please atta	ell Operation: ection:	eat pump? For the heat pump man peak heating a d contamination regulatory appropriate in the contamination of the	onal cfs g cfs g refs g refs d g cfs d g cfs d g cfs d g con remediation could for the reference d con remediation could for the remediation could	☐ Intermittent pm pm Yes ☐ No Yes ☐ No Yes ☐ No Yes ☐ No Tes ☐ No
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject. If this is a Class Do you have you a * Attach do day your he Is the injection v. If yes, please atta	ell Operation: ection:	eat pump? For the heat pump man peak heating a d contamination regulatory appropriate in the contamination of the	onal cfs g cfs g refs g refs d g cfs d g cfs d g cfs d g con remediation could for the reference d con remediation could for the remediation could	☐ Intermittent pm pm Yes ☐ No Yes ☐ No It indicates how many gallonys. on system? ☐ Yes ☐ No
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject. If this is a Class Do you have you a * Attach do day your he Is the injection v. If yes, please atta of the remediation. Description of Yactivity Type:	ell Operation: ection:	eat pump? For the heat pump man peak heating a d contamination regulatory apprince of the inject	onal cfs g cfs g cfs g remp? Y aufacturer that and cooling date on remediation well.	☐ Intermittent pm pm Yes ☐ No Yes ☐ No It indicates how many gallonys. on system? ☐ Yes ☐ No
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject. If this is a Class Do you have you a * Attach do day your he Is the injection v. If yes, please atta of the remediation. Description of Yactivity Type:	ell Operation: ection:	eat pump? For the heat pump man peak heating a d contamination regulatory appropriate of the inject and analysis of the inject and Industrial/	onal cfs g cfs g cfs g remediation and cooling date on remediation well.	☐ Intermittent pm pm Yes ☐ No Yes ☐ No t indicates how many galled ays. on system? ☐ Yes ☐ No emediation action, descrip
Distance to Near Description of We Frequency of Inj. Maximum Avera Maximum Inject. If this is a Class Do you have Have you a * Attach do day your he Is the injection version of the remediation. Description of Version Activity Type:	ell Operation: ection:	eat pump? For the heat pump man peak heating a d contamination regulatory appropriate of the inject Agricultura Agricultura Aquifer St	onal cfs g cfs g cfs g remediation and cooling date on remediation well.	☐ Intermittent pm pm Yes ☐ No Yes ☐ No t indicates how many galled ays. on system? ☐ Yes ☐ No emediation action, descrip

	the injection well is used for agricultural fluid disposal, complete the following: ethod of irrigation: Gravity Sprinkler atter Source: Groundwater Surface water or canal system
A	re pesticides used? Yes No Describe
A	re herbicides used? Yes No Describe
D	escription of Land Use: (For all, except Class 5A7 Closed-Loop Heat Pump Return) rainage area discharging to injection well(Acres) escribe land uses occurring in drainage area
Cl	ctive Waste Disposal Activities within Injection Well Drainage Area: (For all, except Class osed-Loop Heat Pump Return) Wastewater Land Application Operations Description
	CAFO/Feed Lot Operations
	Description
_	Description
	Other(s) Description
Tre	eatment Methods Prior to Injection: (For all, except Class 5A7 Closed-Loop Heat Pump Return
	Retention Pond Length(ft) Width(ft) Depth(ft) Description
	Well Screen Description
	Filtration Description
	Chemical Treatment Description
	Other Description

- S. For all, <u>except</u> Class 5A7 Closed-Loop Heat Pump Return wells, attach a topographic map or aerial photo showing the area within a one-mile radius to show the following:
 - a. Location of the described injection well, domestic supply wells, and any other wells
 - b. Outline of area draining to the injection well
 - c. Property boundaries of injection well owner

III. A _l	oplicant	t Signatur	e
---------------------	----------	------------	---

Date	Signature		Title	
Print Name				
	For	Department Use	Only	
I have examined Applicati attached conditions.	on No	and said app	olication is hereby	subject to the
Witnessed by n	ny hand this	day of	, 20	
Official, Idaho Departmen	t of Water Resource	ritle		
	Dete		Reviewed By	
Received by	Date_		Reviewed by	

GENERAL INSTRUCTIONS TO COMPLETE FORM 42-39-1, APPLICATION FOR PERMIT TO CONSTRUCT OR MAINTAIN AN INJECTION WELL

- **A.** Applications for all permits must be complete. Incomplete applications will be returned to applicant.
- **B.** Information provided on application must be accurate. Incorrect information may invalidate permit.
- C. A one hundred dollar (\$100.00) processing fee must be submitted for each permit application.
- **D.** A separate permit application and processing fee must be provided for each injection well.
- **E.** Make checks payable to **Idaho Department of Water Resources**. Application(s) and accompanying fee(s) can be submitted your nearest IDWR office:

IDWR Northern Region, 7600 N Mineral Dr., Suite 100, Coeur d'Alene, ID 83815. (208) 762-2800.

IDWR Southern Region, 1341 Fillmore St., Suite 200, Twin Falls, ID 83301. (208) 736-3033.

IDWR Eastern Region, 900 North Skyline, Idaho Falls, ID 83402. (208) 525-7161.

IDWR Western Region, 2735 Airport Way, Boise, ID 83705. (208) 334-2190.

IDWR State Office, 322 East Front St., PO Box 83720, Boise, ID 83720-0098. (208) 287-4800.

F. Use the following list to determine appropriate well classification code. Enter the classification code in the "**Injection Well Classification**" space provided at the bottom of p.1 (Section I, Part F.) of the application.

Injection Well Classification Codes

C- J	T:4: A -4::4 A:-4 1 W/:4	C- 1	T. : 4: A - 4: - : 4 A : - 4 J XV/:41
Code:	Injection Activity Associated With:	Code:	Injection Activity Associated With:
5A5	Electric Power Generation	5W10	Cesspools
5A6	Geothermal Heat ($H_2O Temp > 85^{\circ} F$)	5W11	Septic Systems (General)
5A7	Closed-Loop Heat Pump Return (H ₂ O Temp < 85° F)	5W12	Water Treatment Plant Effluent
5A8	Aquaculture Return Flow	5W20	Industrial Process Water
5A19	Cooling Water Return (Industrial Cooling)	5W31	Septic Systems (Well Disposal)
5B22	Saline Water Intrusion Barrier	5W32	Septic Systems (w/ Drainfield)
5D2	Storm Water Runoff (Roadway/Pavement Drainage)	5X13	Mine Tailing Backfill
5D3	Improved Sinkholes	5X14	Solution Mining
5D4	Industrial Storm Runoff (Building/Pavement Drainage)	5X15	In-Situ Fossil Fuel Recovery
5F1	Agricultural Runoff Waste (Agricultural Drainage)	5X16	Spent Brine Return Flow
5G30	Special Drainage Water (Rarely Used)	5X25	Experimental Technology
5N24	Low-Level Radioactive Waste	5X26	Aquifer Remediation
5R21	Aquifer Storage & Recharge	5X27	Other Wells (Rarely Used)
5S23	Subsidence Control	5X28	Service Station Wells (Motor Vehicle Waste Disposal)
5W9	Untreated Sewage	5X29	Abandoned Drinking Wells (Converted from Domestic)